FORM D				WAUAL.	1	ı	OMB APP	ROVAL	
FORIVI D	Securit desing securit dion	UNITED	STATES	142426	/	OMB Num		3235-0	
SEX	ຸ້ <sub>ຕອຣ</sub> ່າ <sup>ດປ</sup> SECURIT	IES AND EXC	CHANGE COM	MISSION	i	Expires:			2008
nail Pro	ation	Washington	, D.C. 20549	PDO -	1	hours per	form	1	6.00
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•	wington.	SECTION 4	(6), AND/OR	-Tilos	2008		1	- 1	
W	<sub>BB</sub> hington. D NEUNIFORM	A LIMITED O	FFERING EX	NOSWON!	?FIITE	)c	DATE RE	CEIVED	
				•	-LOICH	<u> </u>	<u> </u>		
Name of Offering	☐ check if this is an am	endment and name	has changed, and ir	ndicate change.)					
Offering of The A Lim	ited Liability Interests o	f Meridian Horizor	Enhanced Fund,	LLC					
Filing Under (Check bo	x(es) that apply):	Rule 504	☐ Rule 505	Rule 506	□ Se	ection 4(6)		Σ	-
Type of Filing:	☐ New Filing	Amendment							
	12	A. BASI	CIDENTIFICAT	ION DATA		101100 11111 11100	HIAI AMA WAA AM	1 <b>11</b> 1/1 <b>4</b> 10 1861	
Enter the informat	ion requested about the i	ssuer							
Name of Issuer	check if this is an ame	ndment and name h	nas changed, and in	dicate change.					
Meridian Horizon Enh	anced Fund, LLC	· · ·				UBI	052506	i	
Address of Executive C			•	et, City, State, Zip Co		elephone Nu		luding Area C	ode)
c/o Meridian Diversifi	ed Fund, LLC, 20 Corpo	rate Woods Boulev	vard, 4 <sup>th</sup> Floor, Alba	any, NY 12211	(:				
Address of Principal Of	fices (if different from Ex	ecutive Offices)	(Number and Stree	et, City, State, Zip Co	ode) T	elephone Ni	umber (Inc	luding Area C	ode)
Brief Description of Bus	siness: Investment	in securities throu	gh a diverse group	of investment mar	nagers.			·	
Type of Business Orga	nization								
<del>-</del>	corporation	•	partnership, already		_	er (please sp	• • •		
	business trust	☐ limited p	partnership, to be fo	med	Limited	liability con	npany, alre	ady formed	
Ashual as Estimated De	ta af lanamaration or O	.aniantiani	Month 2	Yea 0	r 7	⊠ Act	tural.	☐ Estimate	a
	te of Incorporation or Org	<u> </u>				IZI ACI	luai	L] Estimate	u
запушеной от пісогрогі	ation or Organization: (E			r other foreign jurisd	liction)	D	E		
GENERAL INSTRUCT	ions	• •		<del></del>					

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

## State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (5-05)

articalaran anguly or a law to believe or construent antipalable or the state of th		A. BASIC ID	ENTIFICATION DAT	A	
<ul> <li>Each beneficial own</li> <li>Each executive office</li> </ul>	e issuer, if the issuer er having the power er and director of	ier has been organized with	ect the vote or disposition of	of, 10% or more of ging partners of par	a class of equity securities of the issuer; tnership issuers; and
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	
Full Name (Last name first, i	individual):	Meridian Diversified I	Fund, LLC		
Business or Residence Addr	ess (Number and	Street, City, State, Zip Cod	e): 20 Corporate Woo	ods Boulevard, 4 <sup>th</sup>	Floor, Albany, NY 12211
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		☐ Director	General and/or Managing Partner
Full Name (Last name first, i	f individual):	Lawrence, William H.			
Business or Residence Addr Floor, Albany, NY 12211	ess (Number and	Street, City, State, Zip Cod	e): c/o Meridian Dive	rsified Fund, LLC,	20 Corporate Woods Boulevard, 4 <sup>th</sup>
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner		☐ Director	General and/or Managing Partner
Full Name (Last name first, i	f individual):	Halldin, Donald J.			
Business or Residence Addr Floor, Albany, New York 13		Street, City, State, Zip Cod	e): c/o Meridian Dive	rsified Fund, LLC,	, 20 Corporate Woods Boulevard, 4 <sup>th</sup>
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		☐ Director	General and/or Managing Partner
Full Name (Last name first, i	f individual):	Sica, John			
Business or Residence Addr Floor, Albany, NY 12211	ess (Number and	Street, City, State, Zip Cod	e): c/o Meridian Dive	rsified Fund, LLC,	, 20 Corporate Woods Boulevard, 4 <sup>th</sup>
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, i	f individual):	Hickey, Timothy M.			
Business or Residence Adda Floor, Albany, NY 12211	ess (Number and	Street, City, State, Zip Cod	e): c/o Meridian Dive	rsified Fund, LLC	,20 Corporate Woods Boulevard, 4 <sup>th</sup>
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		☐ Director	General and/or Managing Partner
Full Name (Last name first, i	f individual):	Smith, Laura K.		<del></del>	
Business or Residence Add Floor, Albany, NY 12211	ress (Number and	Street, City, State, Zip Cod	e): c/o Meridian Dive	rsified Fund, LLC,	, 20 Corporate Woods Boulevard, 4 <sup>th</sup>
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		☐ Director	General and/or Managing Partner
Full Name (Last name first, i	f individual):	Brown, Peter		1	
Business or Residence Addr Floor, Albany, NY 12211	ress (Number and	Street, City, State, Zip Cod	e): c/o Meridian Dive	rsified Fund, LLC	, 20 Corporate Woods Boulevard, 4 <sup>th</sup>
Check Box(es) that Apply:	Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, i	f individual):	Lawrence, William &	Gloria M.		
Business or Residence Add Floor, Albany, NY 12211	ress (Number and	Street, City, State, Zip Cod	e): c/o Meridian Dive	rsified Fund, LLC	, 20 Corporate Woods Boulevard, 4 <sup>th</sup>
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

1.	Has the issue	r sold, or c	loes the is:	suer inten	d to sell, to	non-accr	edited inve	stors in thi	is offering?	1	••••	☐ Yes	⊠ No
					Answer a	also in App	endix, Co	lumn 2, if f	iling under	ULOE.		_	
<b>3</b> .	Does the offe	ring permit	t joint owne	ership of a	single unit	t?				•••••		⊠ Yes	□No
<b>4.</b>	Enter the info any commissi offering. If a p and/or with a	rmation re- ion or simil person to t state or sta	quested fo ar remune be listed is ates, list th	r each per ration for s an associ e name of	son who h solicitation ated perso the broke	as been o of purchas on or agent r or dealer	r will be pa sers in cor t of a broke t. If more t	aid or giver nection wi er or deale han five (5	n, directly of th sales of r registere b) persons	or indirectly securities d with the to be liste	y, s in the SEC d are		
Full N	lame (Last na	me first, if	individual	)									
Answer also in Appendix, Column 2, It filling under ULOE.   \$2,000,000**   ** may be watured.   \$2,000,000**   \$2,000**   ** may be watured.   \$2,000**													
Name	of Associate	d Broker o	or Dealer										
													☐ All States
											☐ [HI]	[ID]	
□ (ir	.] 🔲 [IN]	[Ai]	[KS]	□ [KY]	[LA]	[ME]	☐ [MD]	☐ [MA]	[MI]	☐ [MN]	[MS]	[MO]	
□ [N	IT] □[NE]	□ [NV]	□ [NH]	□ [NJ]	□ [NM]	□ [NY]	☐ [NC]	□ [ND]				□ [PA]	
□ (R	ij 🔲 (SC)	☐ [SD]		□ (TX)	[עד]		□ [VA]	□ [WA]				[ PR]	
Full N	lame (Last na	ame first, if	individual	)									
Busin	ess or Resid	ence Addr	ess (Numb	er and Str	eet, City, S	State, Zip (	Code)						
Name	of Associate	ed Broker o	or Dealer									<u> </u>	
											-		All States
□ [A	L] [AK]	☐ [AZ]	[AR]	CA]	☐ [CO]	□ (CT)			□ [FL]	☐ [GA]	[HI]	☐ [ID]	
	.] 🔲 [IN]	□ [IA]	☐ [KS]	☐ [KY]	☐ [LA]	☐ (ME)	[MD]	[MA]	□ [MI]	☐ [MN]	☐ [MS]	[MO]	
□ (N													
[R			□ [TN]	□ [TX]	[דט]	□ [\(\text{L}\)]	□ [VA]	[WA]	[WV]		[WY]	[PR]	
Full N	lame (Last na	ame first, if	individual	)									
Busin	ess or Resid	ence Addr	ess (Numb	er and Str	eet, City, S	State, Zip (	Code)						
Name	of Associate	ed Broker o	or Dealer										
													All States
□ (A	L] [AK]	[AZ]	☐ [AR]	☐ [CA]	□ (CO)	□ [CT]	□ [DE]	□ [DC]	[FL]	☐ [GA]	[HI]	☐ [ID]	
<b>□</b> (11	[NI] 🔲 [IN]	□ [IA]	☐ [KS]	□ [KY]	☐ [LA]	[ME]	[MD]	☐ [MA]	[MI]	☐ [MN]	☐ [M\$]	[MO]	
	IT] [NE]	□ [NV]	□ [NH]	[NJ]	□ [NM]	□ [NY]	□ [NC]	[ND]	□ (OH)			□ [PA]	
	n 🗀 (sci	□ (SD)	ואדו 🗀	Пітхі	Пип		□ (VA)	□ IWA1	□ (WV)	□ tWii		∏ (PR)	

**B. INFORMATION ABOUT OFFERING** 

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

۱.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box  ☐ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		Aggregate Offering Price		Amount Already Sold
	Debt	<u>\$</u>	0	<u>\$_</u>	0
	Equity	. \$	0	\$	0
		•	•	\$	0
	Convertible Securities (including warrants)				
	Partnership Interests			_ \$	0
	Other (Specify)The A Limited Liability Company Interests)	. <u>\$</u>	5,000,000,000	<u> </u>	14,050,000
	Total	<u>\$</u>	5,000,000,000	<u> </u>	14,050,000
	Answer also in Appendix, Column 3, if filing under ULOE				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
			Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors		11	<u>\$</u>	14,500,000
	Non-accredited Investors		0	\$	0
	Total (for filings under Rule 504 only)		0	<u>\$</u>	0
	Answer also in Appendix, Column 4, if filing under ULOE				
3.	If this filling is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.				
			Types of Security		Dollar Amount Sold
	Type of Offering		•	•	
	Rule 505			_	n/a
	Regulation A	• —	n/a	_ \$_	n/a
	Rule 504		n/a	<u>\$</u>	n/a
	Total		n/a	<u> </u>	n/a
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees		🗆	\$	o_
	Printing and Engraving Costs			\$	0
	Legal Fees			\$	20,000
	Accounting Fees			\$	35,000
	Engineering Fees			 \$	
	Sales Commissions (specify finders' fees separately)			s	0
				<u>*</u> \$	0
	Other Expenses (identify)			*	55,000
	Total		🖾	<u> </u>	55,000

	C. OFFERING PRICE, NUMBE	R OF INVESTORS, EXPI	ENSES	AND US	E OF F	HOC	EEDS	·	
4	b. Enter the difference between the aggregate offering Question 1 and total expenses furnished in response to P "adjusted gross proceeds to the issuer."	art C-Question 4.a. This differe	nce is the	)			<u>\$</u>	4,	999,945,000
5	Indicate below the amount of the adjusted gross proceeds used for each of the purposes shown. If the amount for a estimate and check the box to the left of the estimate. The the adjusted gross proceeds to the issuer set forth in response.	iny purpose is not known, fumish ne total of the payments listed mu	an ust equal	D	lyments to Officers, irectors & Affiliates			ı	Payments to Others
	Salaries and fees			\$				<u>\$</u>	
	Purchase of real estate			\$				\$	
	Purchase, rental or leasing and installation of made	chinery and equipment		\$		<del> </del>		\$	
	Construction or leasing of plant buildings and facil	lities		\$				\$	
	Acquisition of other businesses (including the value offering that may be used in exchange for the ass pursuant to a merger	ets or securities of another issue	<sup>′</sup> 🗆	<u>\$</u>				<u>\$</u>	
	Repayment of indebtedness			\$				\$	
	Working capital			\$				<u>\$</u>	
	Other (specify): The A Limited Liability Co	mpany Interests		\$			⊠	\$	4,999,945,000
				\$				\$	
	Column Totals			\$			$\boxtimes$	\$ 4	,999,945,000
	Total payments Listed (column totals added)			<del></del>	×	\$	4,999	9,945,0	000
		D. FEDERAL SIGNATU	RE			,	<del>,-</del>		
CO	his issuer has duly caused this notice to be signed by the un institutes an undertaking by the issuer to furnish to the U.S the issuer to any non-accredited investor pursuant to para	<ul> <li>Securities and Exchange Comn</li> </ul>	on. If this nission, u	notice is fil pon written	ed under request	Rule 5	505, the taff, the	follow inform	ring signature nation furnished
lss	suer (Print or Type)	Signature 2116	Т	2		Da	te		
M	eridian Horizon Enhanced Fund, LLC	4 WUW	<u> </u>	<u></u>		Jur	ne 12, 2	800	
	ame of Signer (Print or Type)	Title of Signer (Print or Type)							
By By	y: Meridian Diversified Fund, LLC, Managing Member y: Laura K. Smith	Managing Director of the Mar	naging M	ember					
		·							

**ATTENTION** 

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	<i>t</i> • <i>t</i> • <i>t</i>	E. STATE SIGNATURE				
1.	Is any party described in 17 CFR 230.262 presentl provisions of such rule?	Yes 🖾 No				
	See Appo	endix, Column 5, for state response.				
2.	The undersigned issuer hereby undertakes to furn (17 CFR 239.500) at such times as required by sta	ish to any state administrator of any state in which this no ate law.	otice is filed a notice on Form D			
3.	The undersigned issuer hereby undertakes to furn	ish to the state administrators, upon written request, info	mation furnished by the issuer to offerees.			
4.	The undersigned issuer represents that the issuer Exemption (ULOE) of the state in which this notice of establishing that these conditions have been sa	is familiar with the conditions that must be satisfied to be is filed and understands that the issuer claiming the ava tisfied.	entitled to the Uniform limited Offering ilability of this exemption has the burden			
	suer has read this notification and knows the contents rized person.	to be true and has duly caused this notice to be signed of	on its behalf by the undersigned duly			
Issuer	(Print or Type)	Signature 11C	Date			
Meridi	ian Horizon Enhanced Fund, LLC	(/VIMULE	June 12, 2008			
Name	of Signer (Print or Type)	Title of Signer (Print or Type)				
By: Meridian Diversified Fund, LLC, Managing Member By: Laura K. Smith		Managing Director of the Managing Member				

## Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

·				APP	ENDIX					
	· · · · · ·							·		
1	2	2	3		4	4		5		
	Intend to non-ac investors (Part B -	ccredited in State	Type of security and aggregate offering price offered in state (Part C – Item 1)		Type of investor and amount purchased in State (Part C – Item 2)					
State	Yes	No	The A Limited Liability Company Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Yes	No		
AL										
AK										
AZ										
AR										
CA				-						
co										
СТ	-	х	\$5,000,000,000	2	\$1,100,000	0	\$0		x	
DE										
DC										
FL		х	\$5,000,000,000	2	\$1,250,000	0	\$0		x	
GA										
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NV										
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NJ	}							<u> </u>		

	•			AP	PENDIX						
1		2	3			4		5			
	Intend to non-ad investors (Part 8 -	ccredited	Type of security and aggregate offering price offered in state (Part C – Item 1)		Type of investor and Amount purchased in State (Part C – Item 2)						
State	Yes	No	The A Limited Liability Company Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
NM											
NY		х	\$5,000,000,000	5	\$11,950,000	0	\$0		х		
NC											
ND											
ОН	<u></u>			-							
ОК											
OR											
PA		Х	\$5,000,000,000	2	\$200,000	0	\$0		х		
RI											
sc								_			
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WI						<u> </u>					
WY											
Non- US											

